

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.D.</i>	<i>2020007-K0-00</i>	
<b>O.I.P.E. CLASSIFIER</b>		<i>18</i>	<i>876 98</i>
<b>FORMALITY REVIEW</b>		<i>109652</i>	<i>10/25/00</i>
<b>RESPONSE FORMALITY REVIEW</b>		<i>71476</i>	<i>11/28/00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
1	<i>5/10/00</i>
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If more than 150 claims or 10 actions  
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